

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH: Greenlee STATE: ARIZONA STATE FILE NO. 832

STANDARD CERTIFICATE OF DEATH

COUNTY: Greenlee OR VILLAGE: Franklin REGISTERED NO. 108

OWNERSHIP: Franklin (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET NUMBER)

DATE OF RESIDENCE: Franklin CITY OR TOWN WHERE DEATH OCCURRED: Franklin YRS. 7 MOS. 9 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH: YRS. 7 MOS. 9 DS.

NAME: Herbert Lorenz Elledge HOW LONG IN STATE WHEN DEATH OCCURRED: YRS. 7 MOS. 9 DS.

A) RESIDENCE: NO. Franklin Ariz (Usual Place of Abode) WARD: (If Non-Resident give City or Town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
SEX: <u>M</u>	4. COLOR OR RACE: <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) <u>Single</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 14, 1939</u>		
IF MARRIED, WIDOWED, OR DIVORCED: <u>None</u>			22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 8, 1939</u> TO <u>Jan 14, 1939</u>		
DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1938</u>			LAST SAW ALIVE ON <u>Jan 14, 1939</u> DEATH IS <u>10P.</u>		
AGE: YEARS <u>7</u> MONTHS <u>9</u> DAYS <u>0</u>	IF LESS THAN 1 DAY: <u>None</u> HRS. <u>None</u> MIN. <u>None</u>		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Lobar Pneumonia</u> 11/12/38		
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>None</u>			DATE OF ONSET: <u>11/12/38</u>		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>None</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>None</u>		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>Franklin Ariz</u>			11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION: <u>None</u>		
BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Ariz</u>			NAME OF OPERATION: <u>None</u> DATE OF: <u>None</u>		
3. NAME <u>Herbert L. Elledge</u>			WHAT TEST CONFIRMED DIAGNOSIS? <u>None</u> WAS THERE AN AUTOPSY? <u>None</u>		
4. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Ariz</u>			23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: <u>None</u>		
5. MAIDEN NAME <u>Ellen P. Lorenz</u>			ACCIDENT, SUICIDE, OR HOMICIDE? <u>None</u> DATE OF INJURY: <u>None</u>		
5. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burgstien Ariz</u>			WHERE DID INJURY OCCUR? (Specify City or Town, County and State) <u>None</u>		
NEOPLASM (A) (SS) <u>Herbert L. Elledge</u>			SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE: <u>None</u>		
30. CREMATION OR REMOVAL PLACE <u>Franklin Ariz</u> DATE: <u>None</u> 19 <u>39</u>			MANNER OF INJURY: <u>None</u>		
EMBALMER (LICENSE NO. SIGNATURE) <u>Eugene Pomroy</u>			NATURE OF INJURY: <u>None</u>		
FUNERAL DIRECTOR: <u>None</u>			24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>None</u>		
ADDRESS: <u>July 12, 1939 Eugene Pomroy</u>			IF SO, SPECIFY: <u>None</u>		
FILED: <u>July 12, 1939 Eugene Pomroy</u> REGISTRAR			(SIGNED) <u>Ross W. Johnson</u> M.D.		
			(ADDRESS) <u>SCS-19-N</u>		
			<u>Duncan Ariz</u>		

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.